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This article reviews the death-related experiences and concerns of Hmong refugees from Laos. Attention is given to describing traditional funerary and burial practices of the Hmong and the barriers to maintaining these practices in the United States. To understand the losses suffered by the Hmong, parallels are drawn between their experiences and those of holocaust victims. Due to their immense losses, many older Hmong are experiencing severe mental health problems. For those professionals and service providers who work with the dying and grieving, it is essential that they be aware of the customs and values of the population with whom they are working. (Author)

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CULTURES IN TRANSITION: THE CASE OF THE HMONG

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Abstract

This article reviews the death-related experiences and concerns of Hmong refugees from Laos. Attention is given to describing traditional funerary and burial practices of the Hmong and the barriers to maintaining these practices in the United States. To understand the losses suffered by the Hmong, parallels are drawn between their experiences and those of holocaust victims. Due to their immense losses, many older Hmong are experiencing severe mental health problems. For those professionals and service providers who work with the dying and grieving, it is essential that they be aware of the customs and values of the population with whom they are working.

Death educators and counselors have always been aware of the need to understand ethnic and sub-cultural differences in values, attitudes, expectations, rituals, and customs. Research and other writings, while not significant in number, have been available for well over a decade. While the two major studies involving death and ethnicity have both been conducted in southern California (e.g. Bengtson, Cuellar, & Ragan, 1977; Kalish & Reynolds, 1981; Reynolds & Kalish, 1974), many other projects were developed elsewhere. Among the communities described are the Amish (Bryer, 1979); Hispanics (Moore, 1970; Osuna & Reynolds, 1970); Blacks (Hill, 1983-84); and Appalachian Whites (Garrity & Wyss, 1976). Further, a special issue of Omega, published in 1983-84, was devoted to articles describing death-related concerns in a variety of cultures, both within the United States and around the world. Kalish (1980) has edited a collection of anthropological writings from earlier issues of Omega.

The translation of these writings and other sources of related information into policy, programming, and practice is altogether another matter. It would appear that recognition of cultural variation has been limited, and its application has depended more on chance than on planning.

In this article, we will review the death-related experiences and concerns of one numerically-small, recently-arrived ethnic community in the United States, as a way of drawing attention to the immense gulf that can exist between the wants of such communities and those of mainstream America. We will focus on recent encounters with death and their emotional impact, and on their funerary and burial practices. As we describe their practices and preferences, we shall comment briefly on the often-obvious barriers to maintaining these values and practices in the United States.

Specifically, we will examine what the Hmong from Laos faced when issues related to death become pertinent. To accomplish this, we will draw on some of the major sources in the field as well as on recent work by Hayes (1984).

Hmong Refugees in the United States

It is estimated that there are approximately 60,000 Laotian Hmong in this country, which is about 8.3% of all southeast Asian refugees who have settled here during the past decade (Baldwin, 1982). As is true of every refugee group that arrives here, the history and present concerns of the Hmong simultaneously share qualities with other refugee communities and maintain different qualities. Thus, while it is valid to assume that southeast Asian refugee communities have all been affected by the events in their lands during the past few decades, and especially during the past 20 years, it is wrong to assume that, for example, the most significant issues faced by refugees from urban Vietnam are faced in similar fashion by individuals from rural Cambodia or Laos.

Perhaps the overriding general issue is that there was little or nothing in the traditions or experiences of the Hmong to prepare them for accommodating with ease to living in the United States, especially in more urbanized areas where many have been settled. The Hmong are mostly illiterate and rural, with few skills apart from farming. Such amenities as indoor plumbing, electricity, gas or electric cooking and heating, and paved streets were not part of their experience; in some instances the Hmong did not even know that these things existed. In fact, the Hmong arrived at their future homes in suburban southern California and other urban areas with their hoes and crossbows; and they used toilets for

washing clothes, charcoal grills for cooking and heating, and furniture polish for cooking oil. To further complicate their lives, they had assumed that the members of the American military whom they had known in Laos would be living in their neighborhood where they could serve as liaisons with local decision-makers, and the Hmong were deeply disturbed to learn that this was not the case. Having depended all their lives on personal contacts to accomplish their goals, the need to deal with impersonal bureaucracies was nearly unfathomable (11).

A more complete statement of the Hmong history and culture, as well as of their refugee status in this country, can be found elsewhere (Hayes, 1984; Hayes & Kalish, in process). At this point, we wish to attend only to those matters directly concerned with death experiences, values, and rituals.

Recent History and Arrival in the United States

For those Hmong now in the United States, death has been very much a part of their recent history. In the early 1960s, fully 10% of their population were killed fighting the invading Pathet Lao and North Vietnamese, and virtually every family lost at least one or two members (Garrett, 1974; Vang, 1981). When Laos fell under Communist domination in the summer of 1975, thousands of Hmong fled, fearing that they would be killed if they remained. Because many Hmong men and boys served actively with the CIA and other United States military, all family members were marked as collaborators and became special targets of the conquering Pathet Lao (Bliatout, 1972, Dao, 1982).

Their escape from Laos, however, required a long march through mountainous areas and rain forests, and an eventual crossing of the Mekong

River; an estimated 35% died during their flight from illness, drowning, starvation, jungle accidents, or Pathet Lao forces (Dao, 1982; Newsweek, December 1, 1977). The Hmong seldom had time to bury their dead, who were left to rot where they fell; often the ill and wounded were left behind (Dao, 1982). Even their arrival in refugee camps in Thailand did not necessarily provide adequate relief, and many more died in the camps. It is unlikely that any Hmong refugee arrived in the United States (1) without having observed numerous deaths at first hand, including those of family and clan members, and (2) without having experienced the frustration of not being able to provide all of these individuals with proper funerals and burial.

The immensity of the losses suffered by the Hmong has some recent parallels, although the wisdom of making direct comparisons is dubious. The authors believe that it is not disaster research, but Holocaust research that may provide the lead for understanding the significance of what the Hmong have experienced. Lifton's (1967) work, for example, with the hibaksha, survivors of the initial nuclear blasts in Japan, describes the numbing effect on these individuals--their disbelief, incredulity, and confusion. They suffered tremendous guilt, in part because so many others were calling for help and could not be helped, that virtually any survivor had inevitably ignored at least one dying person; in addition, the well-known survivor guilt was evident. Both social stigma and personal, serious emotional upset are apparent in the survivors decades later (19).

Studies of survivors of the Nazi Holocaust have also established the overwhelming and long-ranging effects on those who lived through concentration camps and comparable experiences (e.g. Des Pres, 1976).

Recent information extends the effects to children and, most probably, grandchildren of survivors, even though unborn at the time of the Holocaust (Epstein, 1979).

To the extent that generalizations can be made, and we believe that some degree of generalization is legitimate, we can examine the hibaksha and Holocaust literature for insights into what the Hmong face in their day-to-day living--and more to our present purposes--in their responses to dying.

Unfortunately, very little is known about the impact on an individual of viewing many deaths, including deaths of family members and close friends, during a brief period of time. Most certainly, Kastenbaum's (1969) concept of bereavement overload is applicable here, and the intensity of such bereavement might be expected to increase exponentially when the losses that follow each other in rapid succession include not only deaths, but also losses in status, possessions, familiar surroundings, separations from loved ones other than through death, and so forth.

Hayes (11) states that the most serious problems facing the elderly Hmong are depression and inactivity. According to leaders of the Long Beach (California) Hmong Association, some 90% of Hmong elders (defined as men in their mid-forties and over) suffer from depression (11); and the Office of Mental Health in Pennsylvania confirms that depression is frequently reported by the Indochinese refugees in that state (Pennsylvania Office of Mental Health, Bureau of Research and Training, 1979). These statements do not refer to the mild chronic depression that is often described as "being down," but to incapacitating or near-incapacitating levels of depression.

Another more recent kind of encounter with death is also an inevitable cause for deep concern. Since 1983, thirty-five Hmong have died in their sleep. This has been termed "Sudden Death Syndrome," an obvious allusion to the Sudden Infant Death Syndrome, which up until very recently was assumed to occur to infants who showed no signs of ill health. Since the Hmong who were victims of Sudden Death had all presumably been in good health prior to their deaths, stress has been suggested as the cause (Science, May 29, 1981).

This phenomenon is reminiscent of a similar epidemic of deaths among the Filipino population of Hawaii in the 1950s, when it was termed "sleeping death" and was sometimes attributed to food eaten at the previous meal. To our knowledge, no definitive explanation of these deaths has ever been presented. Weisman and Hackett (1961) have written about post-operative deaths that occurred without known cause, other than perhaps stress or readiness-to-die, and Kalish (1970) has described what he terms "non-medical interventions in life and death," which appear to have some comparability to the Hmong experience.

The possibility that the stress which is speculated as leading to the Hmong Sudden Death Syndrome and the earlier Filipino "sleeping death" are depression-induced deserves examination. Neither group has had effective access to mental health services. For example, the largest counseling program for older adults in Orange County (just south of Los Angeles County), which has the highest per capita population of southeast Asian refugees in the country, did not see one older (over 45 years of age) southeast Asian for treatment during the period from 1978 to 1982 (Hayes, 1984). Extremely few, if any, received help at other mental health agencies. The barriers to such services are great, including language and

communication problems and the value system of the Hmong, which precludes seeking such mental health services.

The grief suffered by the adult Hmong has been beyond measure. It is obviously now being expressed through depression, which has been exacerbated by their inability to cope with their new life circumstances. The skills and knowledge of persons who are expert in death, the dying process, and grief might well make a significant contribution to the well-being of these individuals, but, to our knowledge, no such attempt has been made.

In summary, it is apparent that the Hmong refugees in the United States have suffered immense grief, based on overwhelming losses. For many, this has resulted in readily observable impairment of function arising from depression, which has not notably improved since their arrival in the United States. Once here, some sources of disturbance were alleviated, but others not previously operative subsequently emerged.

Funeral and Burial Practices: In Laos and in Transition

To understand any community, whether geographical or cultural, it is necessary to understand both the history and traditions as well as present circumstances. In the previous section, we discussed the role of death and grief in the lives of the Hmong as affected by the unique characteristics of their recent history; in this section, we wish to outline their traditional death-related values and practices and examine them in light of what they are facing in their lives in America.

The Hmong have resided in the mountains of northern Laos for a relatively brief period of time, only since the 1830s when they were forced out of southern China by the military forces of the Han emperor. Thus,

their customs in Laos have been influenced by the Chinese, with whom they have lived in what we might call "nervous contact" for centuries. The following account is based on the works of Betts (1899), Barney (1967), Geddes (1976), and Vang (15), as well as the interviews that Hayes (11) conducted with numerous Hmong refugees in the Orange County and Long Beach areas of southern California.

When a person dies, three mortars are fired to alert the village and relatives. Soon after, paper money is burned in the presence of the deceased, a custom also found among the Chinese. The paper money is not actual currency, but a symbolic form of money for the dead person to use in the next existence. The next step is for the children and grandchildren of the deceased to wash the body and clothe it. Special shoes for the body are made by men of a different clan (there are, altogether, about 20 Hmong clans), and the body is placed in the central room of the house on two benches that represent a seat of honor. The death now becomes the occasion for an elaborate ceremony, which lasts several days until the burial. During this period, a lamp is kept burning to guide the spirit, and incense is ignited next to a bowl of uncooked rice to ward off demons.

How are these customs expressed in southern California? Obviously, the mortars cannot be fired, although other methods of notifying family and clan members can certainly be used. The paper money can still be burned, since the laws against destroying real money are not involved. Washing and clothing the body at home are possibilities if the person has died at home or if arrangements are made in advance with the hospital, although it is likely that the washing and dressing might need to be done at the hospital, prior to transporting the body home. Most certainly, men of other clans can still make shoes, and neither the light nor the incense violates

western laws nor southern California customs. In fact, both flame and "sweet odors" are familiar in western religious ceremonies.

Prominent elders and clan leaders from the village may remain in the house for as long as five days, because more oxen and buffalo will need to be killed to provide food for those who come from far away for the ceremony (28). While it seems likely that housing the leaders can still be accomplished or can be done symbolically, and that substitutes for oxen and buffalo may be obtained (if money is available) at the grocery store, the major difficulty produced by the customs described above is that of keeping the body, unembalmed (see later) for considerably longer than public health laws or health safety (as defined in this country) permit.

On the day of the burial, the txi txhia tso (funeral director) leads a procession of musicians; a sacrificial cow; a horse that has been owned by the deceased and has been kept, saddled and bridled, in the yard of his house since just after his death; and the mourners to the burial spot which had been selected previously by the dead person (see later). A service is then conducted by the funeral director, who recites chants to the tlan (spirit) world on behalf of the deceased. After about an hour of chanting, an animal is usually sacrificed (normally a cow) to sustain the soul on its journey to the spirit realm. Following the burial, a giant feast is held for the entire village. The entire process takes about two weeks. This is connected with the Hmong belief that for thirteen days after burial, the soul is transforming from a human state to a spiritual one which will return to the place of birth.

Most of the activities described in the previous paragraph are difficult or impossible to conduct in southern California, although a rural area might be more hospitable. Neither Long Beach nor Orange County

permits horses to be maintained in the yard for any time interval; the kind of procession described would probably require a permit that might well be turned down; and walking to the graveyard is virtually impossible in southern California. (Fulton, personal communication, has drawn a wonderfully humorous image of replacing the solemn funeral procession consisting of people walking from the church or home to the graveyard with the present procession of a caravan of automobiles, with a police escort, that weaves in and out of freeway traffic at high speeds.) Obviously, the sacrificial animal is completely contrary to both law and custom in this country. On one occasion for another kind of ceremony, a Hmong family which sacrificed a chicken drew vociferous complaints of neighbors and a warning visit from the authorities.

In reviewing these last three paragraphs, it seems probable that most funeral customs can be maintained or adapted without significant violation of the Hmong value system. However, the use of animals and the funeral procession would require extensive change. The former might need to be conducted in some symbolic form, while the latter could be done with automobiles, while the foot procession would be held only at the cemetery or, perhaps at some other previously designated and approved location.

Major Concerns of the Elders

The elders interviewed by the senior author had a variety of concerns that involved funeral and burial practices in the United States, but three of them were primary. First, most of the Hmong complained about not being able to select their own burial spot. In Laos, an auspicious place for a burial had the same characteristics as a lucky site for a home or village: "The shoulder of a mountain sloping at 30-60 degrees,

surrounded by other mountains" (Chindarsi, 1976). The Hmong are accustomed to selecting their own burial spot which, given the relatively sparse population of their mountainous homeland, did not require official or legal approval. In the United States, their options are obviously extremely limited by laws and, because of their reduced finances, influenced by their ability to pay. The Hmong are not only unable to be buried in an appropriate site, but they also reject the act of placing graves side by side (Barney, 1967). Obviously, when a Hmong contemplates his/her death or that of a family member, it can be only with apprehension that some important ceremonies will be missing or provided in symbolic form.

The suspicions held by the Hmong elders of local cemeteries are extensive. For example, several expressed the belief that the cemeteries do not keep the bodies in the designated grave but remove them to conserve space by placing them much closer to each other. One informant asked Hayes if the government decided whether or not a body was to be moved.

The second concern of the elders, expressed almost unanimously, was the introduction of embalming fluid into the body. Several explicated their position by explaining that this substance would prevent the soul from returning to its birthplace. Others objected on the grounds that the fluid would cause the body to be deformed when it was reincarnated in the next life.

The third issue was equally perplexing for the Hmong. As indicated earlier, the Hmong are accustomed to keeping the body at home for several days so that relatives could come by for viewing. The elders find the familiar policy of funeral parlors that permit viewing only for limited hours to be unsatisfactory. Their bind, of course, resembled the classical Catch-22. Without embalming the body, it cannot be maintained for any

duration in the home; with the body embalmed, the soul could not return home and would presumably continue to wander.

Some Final Thoughts

Although this article focuses on the death and bereavement practices of a very small ethnic community in the United States, the implications are considerable for professionals who provide death-related services. There is a strong tendency for service providers in general to develop personal treatment/intervention philosophies and policies. based on their own background and experiences, then unthinkingly generalize these to segments of the population that might not share the implicit values on which the philosophies and policies were developed. People who work with the dying and the grieving members of refugee groups frequently have little or no concept of the cultural expectations of these groups, and the time or ability to communicate across cultural and language barriers is often lacking.

The issues, however, do not begin when death is imminent or has occurred. Rather, as has been obvious with the Hmong, the potential violation of their deeply-held values became obvious to them shortly after their arrival in this country. Thus, although death, funerals, and burial are the content of their concern, the process is constant and ongoing. In many instances, it is impossible to reconcile the Hmong culture with our public health laws; in some instances, those who have relocated to areas more rural than Orange County have been able to follow their familiar rituals and ceremonies more closely. However, while there are many valid reasons to require the Hmong to forego some of their death-related practices, there is no valid reason for the health care and death-related

care professionals to maintain ignorance of and insensitivity to the nature and importance of these values to the Hmong. Perhaps if each of us were required to go through the ritual of sacrificing a cow, we would experience some of the visceral level reactions that the Hmong experience when they are forbidden to practice some of the most important ceremonies of their culture.

To generalize from the Hmong experience to the experience of other groups is not difficult. Basically, it would seem highly appropriate for those who work with the dying and the grieving, as well as service providers in general, to acquire some basic knowledge of the customs and values of the peoples with whom they have professional contact. In addition, they also need to be aware of the recent history and present circumstances of these ethnic communities. Policies, programs, and practice all need to be based on the solid ground of knowledge and understanding, not simply on good will and kind feelings. The Hmong have faced losses of unbelievable proportions and now confront constant violations of their cherished customs and values. To provide services in ignorance of their circumstances is, to put it in the most crass of terms, cost-inefficient, both in human and in dollar terms.

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